ED: 08/18/2015

Division	n of Health Service R		1 1 1 1 1 1 1 1	73.33	war war to be	17: 2 6:0	RMAPPROVI
AND PLA	N OF CORRECTION	(X1) PROVIDE (DENTIFIC	VSUPPLIER/CLIA	A. BUILDING	LE CONSTRUCTION		DATE SURVEY
1 1-1	and the second		78 7 7 7		- 1 2 W		III
بنائب		HAL03	069	B. WING	- A Company of the Company	1: 11:	07/22/2015
NAME OF	PROVIDER OR SUPPLIER		SYREETAD	DRESS, CITY.	STATE, ZIP CODE		
THE BR	ADFORD VILLAGE OF	KERNERSV	de u	Y GROVE R			
-4-11	<u> </u>		KERNER	SVILLE, NC	27284		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEA	SOCIO DIVICIULI	ID	PROVIDER'S PLAN	F CORRECTION	(XS)
JAG	REGULATORY OR L	SC IDENTIFYING	NFORMATION)	PREFIX TAG	(EACH CORRECTIVE) CROSS-REFERENCED	THE APPROPRIA	COMPLETE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1.	24.7	2017 70 70	1	DEFICI	(C))	1 . J. 3/4/2
C 101	Continued From pa	ge 1		C 101 #4	WE WILL CON	ما سے جسم	10114
4.0			V 3		EXHAUST FI	STAN	
* · · · · · · · · · · · · · · · · · · ·	This Rule is not me	t as evidenc	d by:	k			
	Based on observ was not maintained	ation, the La	indry equipment		FROM AN OB	ECE LE LON	
1.00	Builoding Code	mi accordand	e with the		GASDRYER	DA MA	in a
1	Findings include:	A Arra	Prince of all	4. 1360	UP AIR ST	4CK	
9 5 1 6 3 5 1 6	There is no makeup	air provided	for the			0.00	ASAC
3.77	commercial gas dry	ers in the La	ndry.	#2)	WE ARE SEEK!	(10 m	1 00
	2. Based on observ	ation: the Ev	nath from the		A) HAVE EXTER	OK GANG	B7
	building was not ma	intained in ac	cordance with		WIRED TO TH	الما من مورجا	10 10 10 10 15
- 2	the Building Code.			1.00	WITH A MAGLO		
"	Findings Include: The courtyard gate,	in the nath a	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 1	CONTA A MINOR	6000	
- A	chain and padlock.	(Plan of prote	egress, nas a	ا:د مد	POR EMERGENC	6674	1 1117-1
	staff carry keys until	resolved)	onor to nave all	30,20	B) HAVE AN AC	CUTECH	1
				: 1	ALARM ADD	D TOEXT	HUR.
C 133	Bathrooms-Hand Gri	ips,		C 133	DOOR LEADIN	3 Tacal	#
. 1	SECTION ,0300 - PI	IVEICAL DI	NIT I			70 000	
9	10A NCAC 13F .0309	5 PHYSIC			YARD.		
]	ENVIRONMENT	. 1		100		1000	III
7 3.1	(e) The requirement	s for bathroo	ns and toilet	C133-	A GAAB BAR ADDED.	WIE - 4	10/16/15
	rooms are; (6) Hand grips shall-	he inefalled	t all	1	ADDED.	2 - 1	11 -
- 1	commodes, tubs and	showers us	d by or	. 1	71,200		
1	accessible to residen	ts;		'			
1	This Rule is not met						
- 1 F	Based on observa	as evidences	dor bathroom				
	was not maintained in	a safe man	er,				
				. 1			1
	Findings include:		ov to a bit of the		anger in talah		
1	The corridor bathroon front wing has no grat	bar at the	i/ on the left	1.			1
- 1							
C 140	Linen Storage-Separa	ite Clean & S	oiled	C 140			
			. 1			.	
	SECTION .0300 - PH	YSICAL PLA	VT-				
ion of Hea TE FORM	Ith Service Regulation	, .	-				
E F Drovi				101	W21	la para	reation sheet 2 of 8
- ,				-		e	BN 1

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AND PLAN	OF CORRECTION	(X1) PROVIDE VI IDENTIFICAT	TON NUMBER:	(X2) MULTIP	LE CONSTRUCTION	6 6 1 1	KA DATI	E SURVEY
HALO:			ion				ا م) د دائمان	
NAME OF	PROVIDER OR SUPPLIER	HACUSA	-	B. WING	STATE, ZIP CODE		1077	22/2015
THE BRA	ADFORD VILLAGE OF	KERNERSVILI	602 PINE	Y GROVE R	OAD		1	
(X4) ID PREFIX TAG	SUMMARY STATE (EACH DEFICIENCY I REGULATORY OR LSC	EMENT OF DEFIC MUST BE PRECED DENTIFYING IN	IENCIES	ID)PREFIX TAG	PROVIDER'S P	LAN OF CORRECTION IVE ACTION SHOULD EO TO THE APPROP	Bell	(X5) COMPLE
المنساح				1	DE	FICIENCY)		DATE
C 140	Continued From pag	e 2	1	C 140	WE WILL I	NEDVIE	1111	10/16/1
	10A NCAC 13F .030: ENVIRONMENT	5 PHYSICA	L		A COLOR C			
13.74	(f) The requirements	for storage re	ooms and		AND SOLLE	20 LINE	捌	
"	closets are: (2) Linen Storage. S	torage area	shall be	1 7 1 1 1	CONTAINER	SYSTEM A	MIL.	
13	adequate in size and	number for se	eparate :	1.1.79	HAVE A ST	88 - INSEN	1911 5	1.8
3.4	storage of clean linen soiled linens. Access	s and separat	te storage of					1 47
. 7	be from a corridor or	laundry room;	n storage shall	40.1.	1.71			- '`.
	This Rule Is not met	ne evidence d	, .		1 1 1 1 1 1 1 1 1 1			
	 Based on observal 	tion, the path	of infection					1 - 3 .
1.5	control was not maint	ained safe.		/1. A 14%				
:	Findings Include:			1.13	A 11 19			
	The path of soiled line	n through the	washing and					
- : 1	drying areas was not l cross contamination b	ecaŭse soled	ned to prevent.		J. 1. 14. 14. 14.			
. 1	containers were mixed	together and	not clearly					
	labeled.		8 8 1 8 1			v		
C 150	Corridors-Free of equi	pment and O	bstructions	C 150 A	BOAT CLIP	WILLA		8/2.7
: 1	SECTION .0300 - PHY	SICAL PLAN	IT		REMOVED X		MH2	
11	10A NCAC 13F .0305 ENVIRONMENT	PHYSICAL			WILL BE I	NITALLE	Ы	.'
10	g) The requirements	for corridors a	are:	-	BALDI ASTIC	Sound		٧.,
- E	 Corridors shall be other obstructions. 	free of all equ	ipment and	- 1	CHAINS TO UNOBSTRUC	Panyina		
.	ALICH CLISTINGCHORE.			· · · · · · · · · · · · · · · · · · ·	UNOBSTRUC	TIDERA		
.]	This Rule is not met a	s evidenced t	y:					
. 1	 Based on observati esident bedrooms was 	on, egressifm s not malotein	m the			1		
. 1	his would affect all re- gress in an emergence	sidents by hot	allowing free					
- 1		y.				7. T. 1		
	indings include:	llout to the	, ,		1			
d	 A plastic chain insta loorways was blocking 	lied in the bed leaness from	the rooms			1		

Division	of Health Service Re	gulation				PR	TED: 08/18/2015 DRM APPROVED
STATEME AND PLA	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDE IDENTIFIC	VSUPPLIER/CLIA ATION NUMBER	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	×	DATE SURVEY COMPLETED
100	PROVIDER OR SUPPLIER	1.00	STREET	200			07/22/2015
(X4) ID PREFIX TAG	SUMMARY STAT (EACH DEFICIENCY REGULATORY OR LS	MUST BE PREC	CIENCIES	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEPICIE	CTION SHOULD BE THE APPROPRIA	COMPLETE DATE
C 150	Continued From pag b) A wheelchair bein blocking the corridor	ng charged a	nd a cart are 9	c 150 身	Whelehold w IN Rooms AND BE INSERVICE EGRESS PAT	DONKE	PING
C 189	Building Equipment SECTION .0300 - Pt 10A NCAC 13F .031	HYSICAL PL		C 189,A)	ALL DENEZATION	NS WILL	10[14]15
	REQUIREMENTS (a) The building and mechanical, and plur care home shall be no operating condition: (k) This Puls shall at the condition of the care at the care a	nbing equip naintained in	nent in an adult a safe and	(a)	RATEDMATI	MTIONS M WITH	
	(k) This Rule shall a facilities with the exc which shall not apply This Rule is not met	eption of Pa to existing to	agraph (e) acilities		FIRE RATE	ZV JAIE	14.2
	Based on observate maintained in a safe in the fire-resistance rate. This would affect all remoke and fire in the compartment of original compartment.	ion, the built manner by r ing of build esidents by room or sm	ting was not ot maintaining g components, not containing				
	Findings include: a. The back two wings penetrations in the rat the drop ceiling	s have multe led walls and	le unprotected ceiling above				
	 b. The front two wings penetrations in the rat the drop ceiling 	have multi ed walls and	le unprotected ceiling above				
. [2. Based on observat maintained safe by the	ion, all areas use of barr	were not ell bolts				
1	Findings include: Barrell bolts were foun	d in the follo	wing locations:				
TATE FORM	Ith Service Regulation			101	W21	l po	number sheet 4 of 8

ED: 08/18/2015: RMARPROVED Division of Health Service Regulation STAYEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER/CLIA ATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL034069 7/22/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD THE BRADFORD VILLAGE OF KERNERSVILLE KERNERSVILLE, NC 27284 (X4) ID PREEIX SUMMARY STATEMENT OF DEF CIENCIES PROVIDER'S PLAN OF CORRECTION ID. COMPLETE (EACH DEFICIENCY MUST BE PREC DED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIA PREFIX TAG REGULATORY OR LSC IDENTIFYING NFORMATION) TAG DEFICIE C 189 Continued From page 4 C 189 A) BARREL BOLTWAS a) Room 24 bathroom door has a barrell bott REMOVED. which could cause a resident to become locked in BARRELL BOUT WAS the bathroom b) Room 10 corridor door has a parrell bolt on REMOVEDthe corridor side which could cause a resident to become locked Inside their room WALL DENETRATION Based on observation, the building was not WILL BESONLED maintained in a safe manner by rot maintaining the fire-resistance rating of building components. WITH FIRE RATED This would affect all residents by not containing smoke and fire in the room or smoke MATERIALS 10/16/15 compartment of origin. PLASTIC ACCESS PAME Findings include: WILL BE REPLACED a. Room 20 has an unprotected vall penetration. WITH FIRE PATED by a phone wire. MATERIALS THE DAM AGET 9 YPSUM b. Room 31 has a plastic wall patch on the 10/14/15 corridor wall WILL BERENAIRED The washing machine room has a section of damaged gypsum behind the washer THE CONDUIT WILL BY 10/16/15 SBALED WITH FIRE d. In the storage room near room 100 a conduit is making an unprotected penetration in the corridor RATED MATERIALS wall These unprotected openings are of in A BLANK COVER WILL BE INSTALL &D MANO 10/16/15 conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with A\$TM E-814. E'S OPEN SPACE: Based on observation, the building electrical. system was not maintained to keep the facility safe.

livision of Health Service Regulation

Findings Include:

room, has an open space,

Electrical panel E, in the hot water / electrical

10TW21

Division	of Health Service Re	egulation				PR	TED RM	: 08/18/2015 APPROVED
STATEME	NY OF DEFICIENCIES	(X1) PROVIDER	SUPPLIERICLIA	(X2) MULTIP	LE CONSTRUCTION	140	DATE	SURVEY
AND PLAN	NOF CORRECTION	IDENTIFIC	TION NUMBER:	A, BUILDING	k 01		Мфме	LETED
14.			7 4.3		and the second second			
39.00%		HAL03	069	B. WING	the second second	A 3355 415	107/2	2/2015
NAME OF	PROVIDER OR SUPPLIER			and the same				22010
				191 411	STATE ZIP CODE			4, 27
THE BR	ADFORD VILLAGE OF	KERNERSVI	11.6	Y GROVE R			10	
(X4) ID	RUMANATOV STA	TEMENT OF DEF		SVILLE, NO.	PROVIDER'S PLAN		₩.	
PREFIX	(EACH DEFICIENC)	MUST BE PREC	DED BY FULL	PREFIX	1 TEACH CORRECTIVE A	ETION SHOULD BE		(ICS)
TAG	REGULATORY OR L	SC IDENTIFYING	NFORMATION)	TAG	CROSS-REFERENCED Y	THE APPROPRIA	1	DATE
4			A CONTRACTOR	1 . 1 . 2 . 3 . 3	DEFICIE	6239	M	1. 3. 5
C 189	Continued From pa	ge 5	'A' .	C 189A	LIGHT BULB !	IAS DED	MI	7/23/15
			4	5 3	I see a first to the second	17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	III	7.77
. 649	5. Based on observ	ration the int	rior building	8)	DAMAGED CEL	LING TH		10/16/15
	components were n	ot maintaine	nor building	N 1 67		20 at 12 at	I II 1	
1.00	7 7	1/4	P. Carrier		WILL BE RET	CACCO		1 0 2 3
1.00	Findings include:	4.0		(A)	OXYGGN BOHIL	CHIAC		7/22/5
	a) Lights are not we	orking in ther	om 32 shared	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7 7.5
	bathroom,				SECURED		1 : 1	
1.0	b) Ceiling tiles are	damaged in t	e corridor near	(フA) -	WE ARE WOR	KING WI	#	ASAP
	room 12		<u>`</u> .	-	OUR FIRE ALAR	2.0 2.0 1.1		BN
	6. Based on observ	ation the bu	diam's sister of all	1				/ . 1
	maintained in a safe	manner by	ding was not		SCHEDULE T	UBBS 70		10/16/15.
2.30	of oxygen cylinders.	This would	ffect all		BE CLEANED	4 10 10 10 10 10 10 10 10 10 10 10 10 10	MI . 1	
	residents by potentia	ally exposing	hem to hazards	8)				0 400
	from a ruptured cylin	nder.	7777		WE OUR WORK	12000	II₩	ASAP
1.5			111, 4		OUR FIRE AL	ال مراضي		By
	Findings include:			1	- ITTO NO.	cer con		
1	a) Room 5 has an u	insecured ox	gen bottle.		TO HAVE AIR	dono		10/16/5
20.	7 Bonnel on observe	u rn			7,110	March Drdy		1.
	Based on observation of maintained in a second	ration, the Hy	AC system was	1 1	SHUT DOWN	During		- 1
	not maintained in a	are manner.		,	FIRE ALARM		II),	
-	Findings include:				, 1,00 Marticle	ATCY TO A	1	
. 1	a) The sample tube	s on the duct	detection units					- 1
-	are covered with dus	t.		1	1.1	11	#	
	 b) The air handling of 	equipment di	not shut down					
. 1	when the alarm activ	ated.		. 1		1000		1
. 1			: '	: '		1 1 1 1 1		- 1
C 191	Unvented & Portable	Elec. Heate	6 Prohibited	C 191	7			
	CECTION COST							
	SECTION ,0300 - PH		NT	.]		4 1 2 2		· L
	10A NCAC 13F .031 REQUIREMENTS	1 OTHER	1		` . · ·			1.
1	(b) There shall be a	heating system	m sufficient to					· 1
	maintain 75 degrees	F (24 decre	s C) under					
	winter design condition	ons. In addit	on the		· .: '			. 1
- 1	following shall apply	to heaters an	f cooking		,	-		71
. 1	appliances.			-		i		. 1
' "	(2) Unvented fuel but	ming room t	eaters and					· [
liginian of Ma	alth Service Regulation		·]				H.T	
TATE FORM		- 1	_	. 10	70.4 m.4			
	•			10	TV/21	r op	drane	n sheet 6 of 8

Division	of Health Service Re	na dalla is					Þ		D: 08/18/201
STATEME	INT OF DEFICIENCIES	(X1) PROVIDE	VSUPPLIENCLIA ATION NUMBER		LE CONSTRUCTION	ONZ17(28)			E SURVEY //
HAL03			069u+9 0 5	6. WING WAY				07/	/22/2015 ²⁰
. 2.7	FROVIDER OR SUPPLIER	KERNERSVI	602 PINE	YGROVER	STATE, ZIP CODE		1		
(X4) ID PREFIX TAG	1 : (EACH DEFICIENCY	MUST BE PREC	CIENCIES CONTROL / CONTROL)D	PROV	DRRECTIVE !	OF CORRECTION CHOICE SHOULD DITHE APPROPE NOT)	in in a	COMPLETE DATE
C 191	Continued From page	ge 6.50		C 191	by hom				8/31/15
4.00	portable electric hea	ters are pro	ibitedassasi	1	ELECTR	CHEN	TER WI	-	10/2/1/2
	(k) This Rule shall a	apply to new	and existing	1 1 .	BE RE	MOVEL	FROM		1
1	facilities with the exc	ception of Pa	ragraph (e)		BULLDA		4 13 13 1	1	
1/20	which shall not apply	y to existing	acilities." s 1746					MI.	
	This Rule is not me	t as evidenc	while the state of the state		ELECT7	51C.H	FAI ER		111 14
	1. Based on observ	ation, the fac	ility was not		13467	REI	REMOVE	· III	
	maintained in accord	dance with th	e Codes in effect		00.22	,			8/31/19
٠.	at the time the facilit	y was first lid	ensed:		FRIM	THE	341LD	1117	101713
	Findings include:		4. 1	345.0		27.7	1	- 1111	
	Portable electric hea	ters were fo	and in the	. ,					
2.4	following locations:	ica were lo	ind in the					翻 .	1
- 1	 a) Office Storage at 	room B.	1 . 1	. : 1			2.5	1	
· .	 b) Office at front lob 	by .	1.0		- 1				10.00
f					11		100		
C.199	Exhaust Ventilation			C 199					
·	SECTION 0200 DI	DOIGH D				1 1		MI -	
	SECTION .0300 - PH 10A NCAC 13F .0311	OTHER	ANT .			, ,			-
1	REQUIREMENTS	OTHER				' '			
- 14	(g) The spaces listed	l in this Para	graph shall be				l) J		
1	provided with exhaus	t ventilation	at the rate of			1.0	1		
	two cubic feet per mit	nute per squ	are foot. This	- 1		425 T	· ' · ·	MI (
1	requirement does not before April 1, 1984, v	apply to fac	lities licensed	·]		1	.5.	MI.	
	these specified space	ss:	entilation in	. [,				*
[soiled linen storag	ge;				1			
1.1	soil utility room;		` '	· ' .		. 1			
- 11	(3) bathrooms and to	ilet rooms;	.:	1	7				
: 1	(4) housekeeping clo (5) laundry area.	sets; and							
- 17	(k) This Rule shall ap	nty to new a	od povinting						1.0
[]	acilities with the exce	ption of Para	graph (e)	' '					
1	which shall not apply t	o existing fa	ilities.						
·		,							
1.	This Rule is not met a	s evidence	by:			I	,		. I
	. Based on observativas not provided in ac	on, mechani	cal ventilation		,				
	, .	Loruance wit	n the Rules in		, ''				
	Ith Service Regulation								
TE FORM			· . ' \$524	101	W21:	. [. #	nuatio	n shoot ⊁of B
	-					. 1			
,									

	of Health Service F		14.10.10	13.00			MAPPROVI
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER	USUPPLIER/CLIA VION NUMBER:	OCE) MULTIP A. BUILDING	LE CONSTRUCTION : 01	(245)	DATE SURVEY DMPLETED
n hiye. Santaka		HAL034	069	B. WING			7/22/2015
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY.	STATE, ZIP CODE		72.22.313
THE BRA	DFORD VILLAGE O	F KERNERSVI		Y GROVE R			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR	ATEMENT OF DEF Y MUST BE PREC LSC IDENTIFYING	Picarcico	ID PREFIX TAG		OF CORRECTION ATTION SHOULD BE TO THE APPROPRIAT IENCY)	COMPLET DATE
C 100	Continued From p	age 7		C 199	lave a se		10/16/1
	effect at the time ti	ne facility was	censed.		BLDS TO H	& KING	
1 1/4	Findings include: The Hopper Room	near room 2 c	n the back		EXHAUST F		MED
	conidor has no ext window.	naust ran, and	nere is no		13 8 7 W. J.		
				. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
7.34							
						1025	
		100 7000					
						7-12	
				. : <u>:</u> : : : : : : : : : : : : : : : : :			
. 5.							
						1.5	
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20		! .				1	
		750	finder in		1.1		10.40
			1000				1